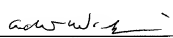


REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) <div style="text-align: right;">T727-10</div>						
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Signature _____		In re Application of <div style="text-align: right;">Gregory Flickinger</div>						
Typed or printed name _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> Application Number 09/749,255 </td> <td style="width: 50%; padding: 2px;"> Filed 27 DECEMBER 2000 </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> Scheduling and presenting IPG ads in conjunction with For Programming Ads in a Television Environment </td> </tr> <tr> <td style="padding: 2px;"> Art Unit 2623 </td> <td style="padding: 2px;"> Examiner SALCE, Jason P. </td> </tr> </table>	Application Number 09/749,255	Filed 27 DECEMBER 2000	Scheduling and presenting IPG ads in conjunction with For Programming Ads in a Television Environment		Art Unit 2623	Examiner SALCE, Jason P.
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Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.								
The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) \$ <u>1,030.00</u>								
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____								
<input type="checkbox"/> A check in the amount of the fee is enclosed.								
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.								
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.								
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>501535</u> . I have enclosed a duplicate copy of this sheet.								
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.								
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I am the								
<input type="checkbox"/> applicant/inventor.  _____ Signature 								
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) _____ ANDREW W. SPICER Typed or printed name 								
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>57420</u> <u>4/4/08</u> Date 								
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____ _____ 267-880-1720 Telephone number 								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
<input type="checkbox"/> *Total of _____ forms are submitted.								

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